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Bib Data Sheet

CONFIRMATION NO. 2394

SERIAL NUMBER 10/005,512	FILING DATE 11/07/2001  RULE	CLASS 424	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. 015280-287120US
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/418,854 10/15/1999 ABN  
and is a CON of 08/937,266 09/15/1997 ABN  
and claims benefit of 60/027,458 09/19/1996

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/15/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	MI	2	15	3
Examiner's Signature _____ Initials _____				

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## TITLE

IMMUNOTOXIN (MAB-RICIN) FOR THE TREATMENT OF FOCAL MOVEMENT DISORDERS

☐ All Fees☐ 1.16 Fees ( Filing )